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# Reproductive Health and Contraception

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## ***EDUCATIONAL BRIEF***

Women's Health Service Line

**June 2016**

Distribution Unlimited  
Approved for Public Release

TA-382-0816



# Purpose and Outline

**Purpose:** To ensure that all Servicewomen and their providers receive standardized education about contraception (birth control), including long-acting, reversible contraceptive (LARC) methods

**Outline:**

1. What is “Reproductive Health”?
2. Background
3. Myths vs. Facts
4. Available Options
5. Fertility Awareness-Based Method
6. Barrier Methods
7. Hormonal Methods
8. Intrauterine Device
9. Contraceptive Methods Practice Updates
10. Questions to Ask
11. Additional Considerations
12. Bedsider Website
13. What’s the Best For YOU?
14. Questions



“ . . .reproductive health. . . implies that people are able to have a satisfying and safe sex life and that they have the **capability to reproduce and the freedom to decide if, when and how often to do so**. Implicit in this last condition are the **right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning** of their choice. . . . Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.”

- The International Conference on Population and Development Programme of Action (1994)



- BLUF: Unintended pregnancy rates are higher in the military than the national average.
- In 2013, the unintended pregnancy rate:
  - 7.8% among military women.
  - 5.2% among women in the civilian population.
- All services need to increase contraception education to:
  - Reduce unplanned pregnancies.
  - Educate Servicewomen on the benefits of contraception, in addition to the prevention of pregnancy.
- TRICARE covers most contraceptive methods approved by the FDA.
- All methods are not available at every MTF which creates gaps in contraceptive coverage.

Guttmacher Institute. (2016). Fact sheet; unintended pregnancy in the United States.

Grindlay K and Grossman D. (2015). Unintended pregnancy among active-duty women in the United States military, 2011. 92(6), 589-595.



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## Myth vs. Fact #1

“Being on ‘the Pill’ for a long time will make it harder to get pregnant later.”



# MYTH



# **“The Pill” and Pregnancy**

- There is no evidence that long-term use of the birth control pill interferes with fertility.
- Some women experience a disruption in their menstrual cycle after discontinuing "the Pill" (post-pill amenorrhea).
  - This is usually caused by an underlying problem that is unrelated to "the Pill".
  - For example, age, weight, stress, and other physiological issues.
- All reversible birth control methods will help prevent pregnancy when used correctly.
  - Reversible birth control methods do not have long-lasting effects after discontinuation.
  - This is why women who use "the Pill" can get pregnant if they accidentally forget to take it for a few days.
- Oral contraceptives can actually boost the preservation of fertility by lowering the chances of uterine and ovarian cancer.



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## Myth vs. Fact #2

"I am not having sexual intercourse  
so I don't need contraceptives."



# MYTH



- Birth control can have non-contraceptive benefits, regardless of a woman's level of sexual activity or pregnancy risk.
- Birth control may be prescribed for teenagers to help clear acne.
- A provider may also prescribe a birth control pill in order to:
  - Protect against uterine and ovarian cancer (and prevent ovarian cysts)
  - Prevent and treat endometriosis/painful periods
  - Prevent anemia
  - Treatment of PMS (premenstrual syndrome)
  - Avoid migraines
  - Balance a hormone deficiency
  - Treat the side-effects of irregular periods
- Other contraceptive methods, like the hormonal IUD, can reduce and sometimes even stop menstrual bleeding and/or cramps.
  - A side effect that many women may appreciate
  - Beneficial during a deployment or field exercise



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## Myth vs. Fact #3

"Birth control makes me gain weight."

F  
A  
C  
T



M  
Y  
T  
H



# Weight Gain

- While weight gain is listed as one of the common side effects on most types of birth control, this is misleading.
- Birth control itself does not cause weight gain.
  - High levels of estrogen **can** increase appetite and fluid or water retention.
  - If you eat additional calories that are not offset by exercise, you will gain weight.
- Changes in hormonal birth control and advances in combination forms of the pill have addressed this issue.
- Most pills lack high enough estrogen levels to cause weight gain.
- Most women do not gain weight because of the shot, but some do.
  - Weight gain, with the shot, seems to be more common in women who are already considered overweight.
  - Women prone to gaining weight, due to the shot, will usually notice a change within the first six months.
  - If weight gain is absolutely unacceptable for you, the shot may not be the best choice.



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## Myth vs. Fact #5

"It's unhealthy to use birth control pills to skip your period."



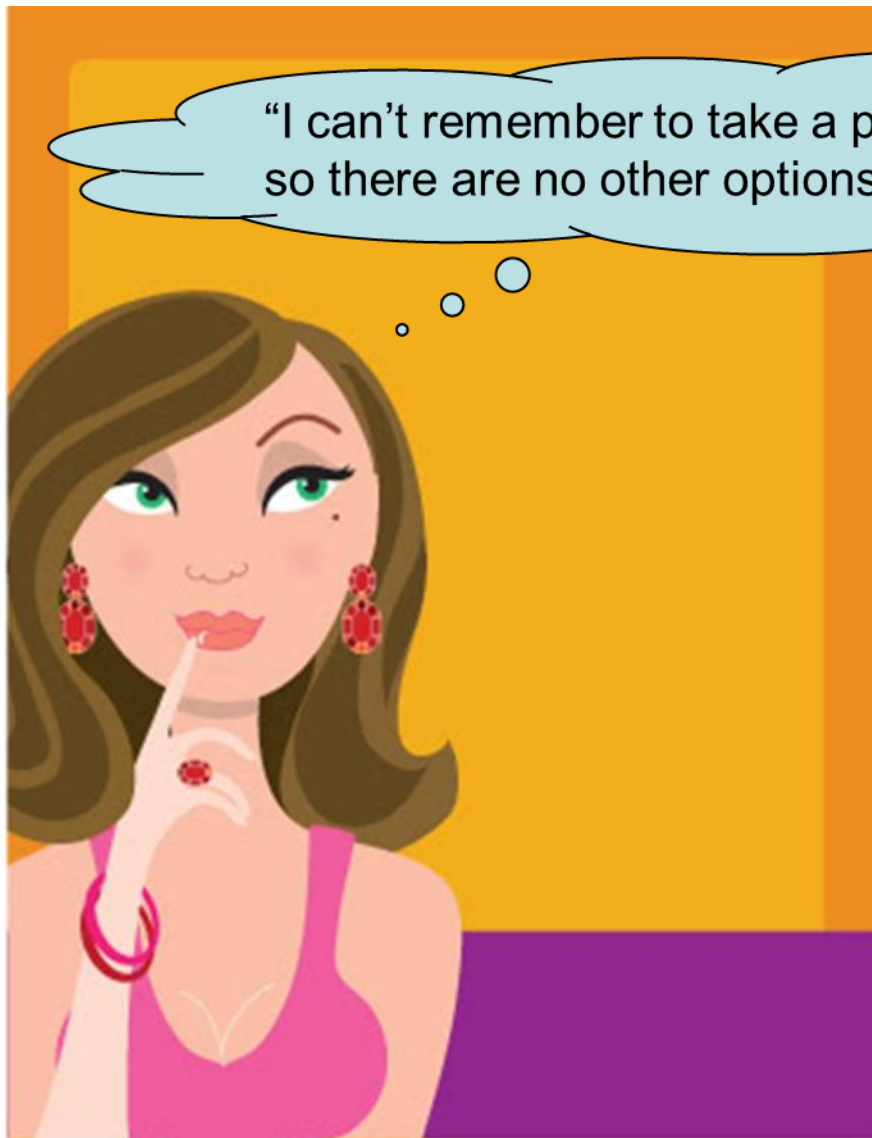
M  
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- A traditional pill pack contains 28 pills and 21 are active (contain hormones to suppress fertility).
  - Withdrawal bleeding occurs during the week of the seven inactive pills and is not the same as menstruation.
  - Skipping the inactive pills and immediately starting a new pack of active pills eliminates withdrawal bleeding.
- Menstruation is not necessary for health and allows a woman to have more control over her menstrual cycle, whether for personal or medical reasons.
- Breakthrough bleeding or “spotting” is a common side effect of delaying menstruation especially during the first few months.
- Talk with your provider if you are interested in preventing menstruation.
- Detecting pregnancy is more difficult with routine menstruation delay.



## Myth vs. Fact #4



# MYTH



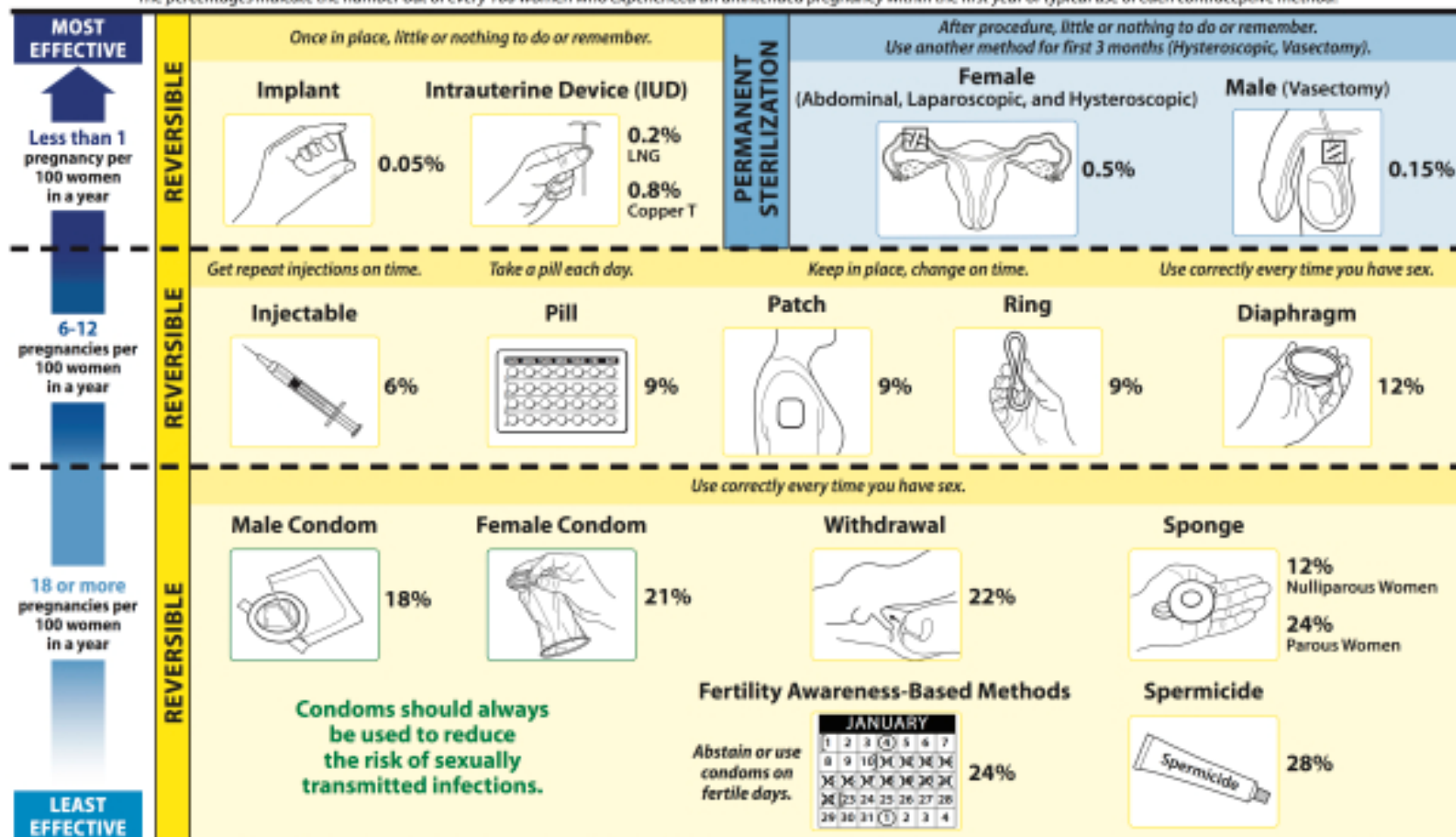
# Forgetfulness

- The birth control pill is most effective when taken at the same time every day.
- If you forget to take a pill at the same time every day, “the Pill” may not be the best option for you.
- There are many other contraception options that do not require you to remember to take a daily pill:
  - Injections
  - Implant
  - Intrauterine Device (IUD)
  - Patch



## EFFECTIVENESS OF FAMILY PLANNING METHODS\*

\*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

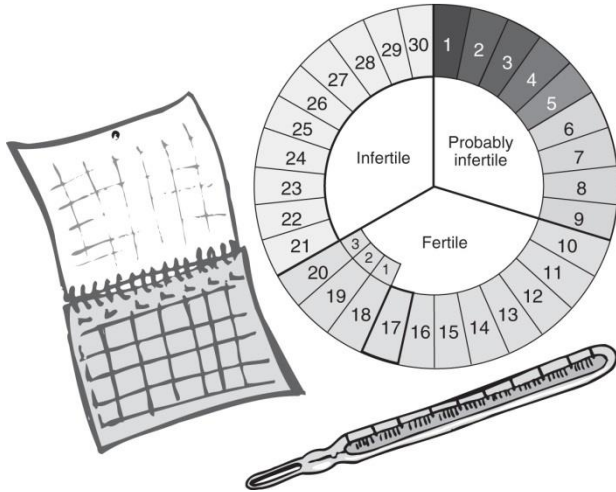


Other Methods of Contraception: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP), Knowledge for health project. Family planning: a global handbook for providers (2011 updated). Baltimore, MD: Geneva, Switzerland: CCP and WHO; 2011.; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.





## Fertility Awareness



- Natural Family Planning
- Billings Ovulation Method
- Standard Days Method
- Cervical Mucus Method
- The Calendar (Rhythm) Method
- Lactational Amenorrhea Method
- Withdrawal Method (coital interruption)
- Symptothermal Method
- Spot On (iPhone) and Kindara apps

- Relies on abstinence from sexual intercourse during the most fertile phase of a woman's menstrual cycle
- Methods to approximate when a woman is fertile are based on the menstrual cycle, changes in cervical mucus, and changes in body temperature
- Requires both partners to be diligent, patient, motivated, and cooperative
- Requires a regular cycle

- Advantages
  - Free
  - No hormones, chemicals, or devices
- Disadvantages
  - Temperature and cervical changes (quantity, quality, consistency, and color) must be recorded for several months
  - High failure rate – 24%
  - No protection against Sexually Transmitted Infections or pregnancy
  - Periodic abstinence



## Barrier Methods

### Spermicides

Spermicidal Foam,  
Cream, Gel, Film,  
Suppository,  
Sponge



- Kill sperm
- Several forms – foam, gel, cream, film, suppository, tablet
- Insert  $\leq$  1 hour before intercourse
- In place at least 6-8 hours after intercourse
- Can be used with other methods
- Typical use failure rate: 28%

### Female Condom



- Used by the woman
- Packaged with lubricant
- Available at select drug stores
- Can be inserted up to eight hours before intercourse
- May help prevent Sexually Transmitted Infections (STIs)
- Typical use failure rate: 21%

### Male Condoms



- Worn by the man
- Latex and synthetic condoms help prevent pregnancy and STIs
- Natural or lambskin condoms help prevent pregnancy, but may not provide protection against STIs
- Typical use failure rate: 18%

### Diaphragm/Cervical Cap



- Inserted inside the vagina to cover cervix
- Diaphragm – shallow cup
- Cervical cap – thimble-shaped cup
- Insert them with spermicide before sexual intercourse
- Come in different sizes and woman must be properly fitted by provider
- Typical use failure rate: 12%



# Hormonal Methods

## Implant



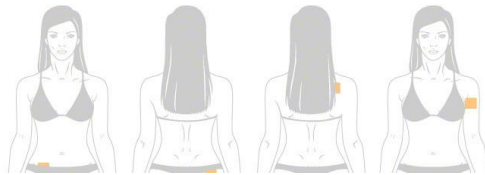
- Single, thin rod about 1.5" long
- Inserted under the skin of the upper arm
- Contains progestin that is released into the body over the course of three years
- Bleeding pattern established within three-six months
- Contraindication: breast cancer
- Typical use failure rate: 0.05%

## Injection



- Releases Progestin with injection into buttocks or arm
- Every three months
- Can be given at any time in cycle
- If started within 1<sup>st</sup> seven days of last menstrual period, no backup needed
- Abnormal bleeding pattern: six months → amenorrhea
- ↑ appetite, 3-5lbs/year weight gain
- Typical use failure rate: 6%

## Patch



- Lower abdomen, buttocks, upper outer arm, torso
- Not on breasts
- Exposed to 60% more estrogen than mid-dose oral contraceptive pill
- Releases progestin and estrogen into bloodstream
- New patch once/week for three weeks
- Week 4: no patch → menstrual period
- Typical use failure rate: 9%
- Higher failure rate in women who weigh > 198 lbs.

## Ring



- Releases progestin and estrogen
- Inserted inside vagina and remains for three weeks
- Remove for the week of menstrual period
- Put in a new ring each month
- Does not require a "fitting" by a provider or spermicide
- Needs refrigeration
- Typical use failure rate: 9%



## Oral Contraceptives

- Stops ovulation (no luteinizing hormone, no mature eggs), thins uterine lining (makes implantation difficult), thickens cervical mucus (blocks passage of sperm into uterus)
- Benefits: ↓ menstrual cramps and blood loss, regulates menses, ↓ acne, ↓ risk of ovarian and uterine cancers, and stronger bones
- Certain medications make "the Pill" less effective
- Risk of pregnancy is much less for women who take "the Pill" correctly – every day at the same time; Fertility returns to normal when women discontinue use
- Does not offer Sexually Transmitted Infection protection

## Combined Oral Contraceptive

- "The Pill" – contains estrogen (low: 20mcg, medium: 30-35mcg, and high: 50mcg) and different types of progestin
- Least likely to cause side effects from fluctuating hormone doses
- Can use monophasic contraception for menstrual cycle suppression
- Contraindications: > 35 y/o and smoke, history of blood clots, history of breast cancer
- Typical use failure rate: 9%



## Progestin Only Pill

- "The Mini Pill" – contains progestin only
- A good option for women who cannot take estrogen
- Typical use failure rate: 9%

## Emergency Contraception

- Can be used after no birth control method during intercourse or if the birth control method failed
- Women can take emergency contraceptive (EC) pills up to five days after unprotected sex; however, EC is more effective the sooner they are taken after unprotected intercourse.
- Available OTC; "Plan B"
- **NOT A REGULAR METHOD OF BIRTH CONTROL**

# Intrauterine Device

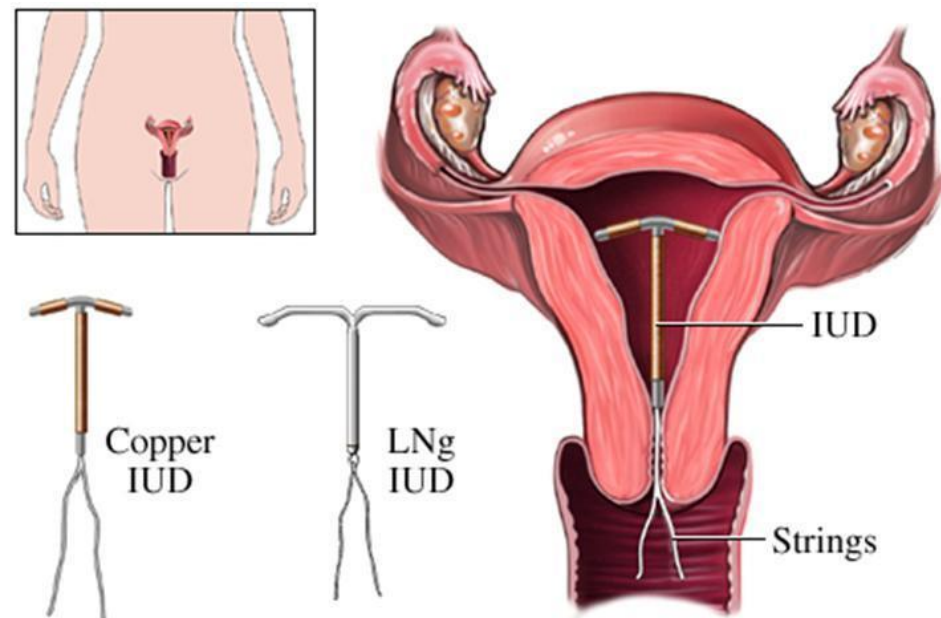
## Copper T IUD\*

- Shaped in the form of a “T” and hormone-free
- Inserted inside the uterus by your provider
- Can stay in your uterus for up to 10 years
- Women can have inserted within five days of unprotected intercourse (emergency contraception)
- An IUD can be inserted at any time of the month. It is usually more comfortable if it is inserted in the middle of the menstrual cycle as this is when the cervix (the opening to the uterus) is the most open
- An IUD can be inserted after a pregnancy or pregnancy termination
- Bleeding and cramping may ↑
- Typical use failure rate: 0.8%

## Levonorgestrel IUD

- Releases a small amount of progestin each day and can delay ovulation
- ↓ menstrual cramping and thickens cervical mucus
- Can ↓ or eliminate periods
- Stays in your uterus for up to five years
- Levonorgestrel IUD Small – three years
- Can be inserted into nulliparous women (no previous births)
- Bleeding pattern established after six months
- Typical use failure rate: 0.2%

\*Intrauterine Device



- Encourage as a first-line option
- Safe, easy to use, and private
- Can be used while breastfeeding (copper IUD)
- Over 99% effective
- High continuation and satisfaction rates
- Can be removed at any time
- Fertility returns after removal
- Does not protect against Sexually Transmitted Infections
- Contraindications: Postpartum sepsis or septic abortion, Pelvic Inflammatory Disease, purulent cervicitis, chlamydial/gonorrheal infection, breast cancer, cervical/endometrial cancer, distorted uterine cavity incompatible with insertion



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# Contraceptive Methods Practice Updates



- A Pap smear is not required to start contraceptives.
- Routine pregnancy testing for every woman is not necessary (reasonable certainty).
- Can start contraception at any time during menstrual cycle.
- When starting contraception:
  - Appropriate medical history.
  - $\beta$ -hCG (beta-human chorionic gonadotropin), as required.
  - Blood pressure recommended.
- Need backup contraceptive method if implant is inserted > five days since last menstrual period.
- For IUD insertion:
  - Negative urine  $\beta$ -hCG.
  - Bimanual examination and cervical inspection.

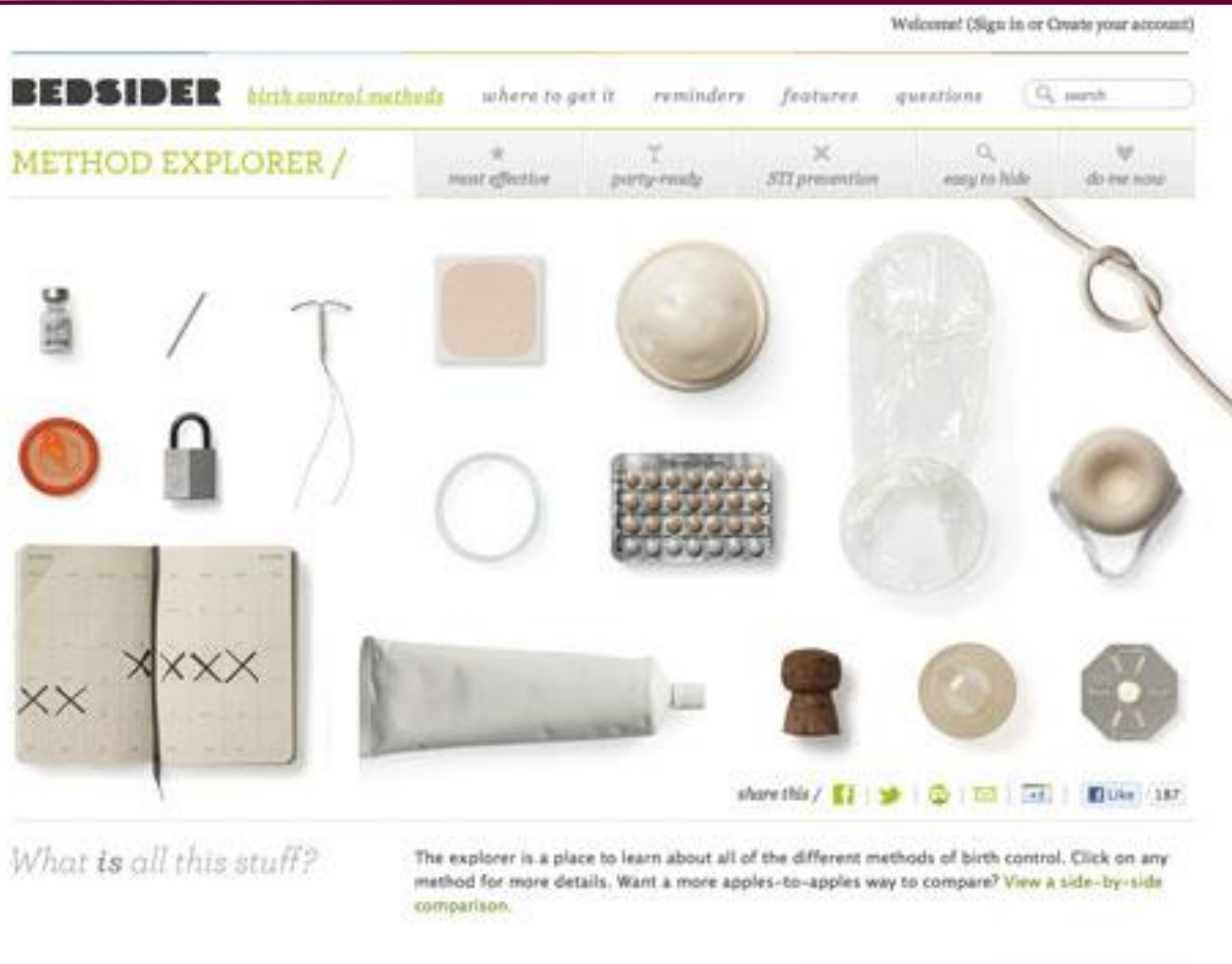


## Questions to Ask

- Will I remember to bring condoms with me or take a pill at the same time every day?
- Do I mind taking hormones?
- Do I smoke? (Smoking increases the risks of certain types of birth control)
- How do I feel about having something stuck to my skin?
- How do I feel about inserting something into my vagina on my own?
- Am I able to see my provider to have something inserted for me?
- Would I like something that I can leave in and not have to remember?
- Am I concerned about side effects?
  - Some side effects are not likely to happen while others are more common.
  - Talk to your provider about your concerns.



- How well does the method work?
  - **Remember that other than complete abstinence, no form of birth control works perfectly to prevent pregnancy.**
- Which method am I most likely to use correctly **EVERY TIME**?
- Does the method protect me from Sexually Transmitted Diseases or Infection (STDs/STIs)?
  - **Condoms are the only form of birth control that can help protect against STIs.**
- Your provider can help you decide which kind of birth control might be right for you.
- Make sure to read and follow all instructions carefully regardless of whatever type of birth control you choose.
  - **If you have questions, allergies, or any special concerns, talk with your health care professional. This is no time to be shy!**



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# What's the Best For YOU?





**Questions?**